

<b>CLAIMS ONLY</b>	SERIAL NO.	FILING DATE
APPLICANT(S)		

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	X					
2		X				
3		X				
4		X				
5		X				
6		X				
7		X				
8		X				
9		X				
10	X					
11	X					
12		X				
13	X					
14		X				
15		X				
16		X				
17	X					
18	X					
19		X				
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50						
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	1	←		←		←
TOTAL CLAIMS	1					

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS